RESET

STATE OF TENNESSEE TREASURY DEPARTMENT
BANK COLLATERAL POOL BOARD
P.O. BOX 198785
NASHVILLE, TN 37219-8785

APPLICATION FOR ADMISSION TO COLLATERAL POOL

Pursuant to Tennessee Code Annotated, Title 9, Chapter 4, Part 5, all information requested by this application form must be submitted by the applicant before the application can be processed by the Treasurer's office. Please return this application package to the above address.

SCHEDULE A - GENERAL INFORMATION

1. FDIC Certificate #: _____ 2. Date Submitted: _____

3. ABA #: _____ 4. State Bank #: _____

5. Tax I.D. #: _____

6. Legal Name of Depository: _____

7. Address of Principal Offices:

_____

_____

_____

8. Depository Charter Date: _____

9. Date Operation Commenced: _____

10. Depository's Three Most Senior Officers:

Name	Title	E-Mail Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Please attach a resume for each individual listed above listing experience and qualifications.

SCHEDULE B - PUBLIC DEPOSITS HELD

Attention: Please provide a listing of all Public Depositors and their account numbers .

Average daily balance of public deposits held for prior month (in thousands):
Reporting for the: Month _____ Year _____

	1. Average Daily Balance		2. Less Deposit Insurance		3. Insurance Adjusted Average Daily Balance
Demand Deposits	1a $_____	—	2a $ _____	=	3a $ 0.00
Time and Savings Deposits	1b $_____	—	2b $_____	=	3b $ 0.00
			4. Total Deposits Held	=	$ 0.00

5. Average monthly balance of public deposits for preceding 12 calendar months (in thousands):

Month-Year	Average Daily Balance for the Month Indicated
a. _____	_____ *(as shown from line 4 of schedule B)*
(prior month)	
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____
f. _____	_____
g. _____	_____
h. _____	_____
i. _____	_____
j. _____	_____
k. _____	_____
l. _____	_____
6. *Total $	0.00

7. Calculate average monthly balance by dividing the total amount on number 6 by 12. The average monthly balance of public deposits = $ 0.00.

Please refer to the instruction sheet prepared for Schedule B- Public Deposits Held.

SCHEDULE C - TRUSTEE CUSTODIAN DECLARATIONS

Please list below all Trustee Custodians that the applicant will use to safeguard collateral pledged to the pool:

Trustee Custodian Name: _____ Address: _____

Contact: _____ _____

Phone Number: _____ _____

Trustee Custodian Name: _____ Address: _____

Contact: _____ _____

Phone Number: _____ _____

Trustee Custodian Name: _____ Address: _____

Contact: _____ _____

Phone Number: _____ _____

All Trustee Custodians must be approved by the State Treasurer's Office.

SCHEDULE D - DEBT RATING INFORMATION

List the debt rating from two (2) recognized rating agencies for your institution and your institution's holding company (if applicable):

Date	Rating Agency	Institution Rating	Holding Company Rating
_____	_____	_____	_____
_____	_____	_____	_____

SCHEDULE E - FINANCIAL INFORMATION

Please list the following financial information:

Most recent Sheshunoff (presidents weight by peer group) rating: _____

Date of quarter rated: _____

For the eight quarters immediately preceding the date of application, please complete the following schedule of financial information to be taken from the Report of Condition to the FDIC (Call Report). Please use the table included in the instructions to determine the location of this information on your call report.

Please refer to the instruction sheet for each schedule.

Call Report Type: ❑31 ❑32 ❑33 ❑34

Item _____

(in thousands)

Total Equity Capital (MM/YY)	_____ ( )	_____ ( )	_____ ( )	_____ ( )
	_____ ( )	_____ ( )	_____ ( )	_____ ( )
Limited Life Preferred Stock (MM/YY)	_____ ( )	_____ ( )	_____ ( )	_____ ( )
	_____ ( )	_____ ( )	_____ ( )	_____ ( )
Subordinated Notes & Debts (MM/YY)	_____ ( )	_____ ( )	_____ ( )	_____ ( )
	_____ ( )	_____ ( )	_____ ( )	_____ ( )
Total Assets (MM/YY)	_____ ( )	_____ ( )	_____ ( )	_____ ( )
	_____ ( )	_____ ( )	_____ ( )	_____ ( )
Allowance for Loan Loss (MM/YY)	_____ ( )	_____ ( )	_____ ( )	_____ ( )
	_____ ( )	_____ ( )	_____ ( )	_____ ( )
Loans Past Due 90 Days (MM/YY)	_____ ( )	_____ ( )	_____ ( )	_____ ( )
	_____ ( )	_____ ( )	_____ ( )	_____ ( )
Total Non-Accrual Loans (MM/YY)	_____ ( )	_____ ( )	_____ ( )	_____ ( )
	_____ ( )	_____ ( )	_____ ( )	_____ ( )
Other Real Estate Owned (MM/YY)	_____ ( )	_____ ( )	_____ ( )	_____ ( )
	_____ ( )	_____ ( )	_____ ( )	_____ ( )

Net Income (MM/YY)	_____ ( )	_____ ( )	_____ ( )	_____ ( )
	_____ ( )	_____ ( )	_____ ( )	_____ ( )
Average Assets (MM/YY)	_____ ( )	_____ ( )	_____ ( )	_____ ( )
	_____ ( )	_____ ( )	_____ ( )	_____ ( )
Total Loans (MM/YY)	_____ ( )	_____ ( )	_____ ( )	_____ ( )
	_____ ( )	_____ ( )	_____ ( )	_____ ( )
Regulatory (Tier 1) Capital (MM/YY)	_____ ( )	_____ ( )	_____ ( )	_____ ( )
	_____ ( )	_____ ( )	_____ ( )	_____ ( )
Regulatory (Tier 2) Capital (MM/YY)	_____ ( )	_____ ( )	_____ ( )	_____ ( )
	_____ ( )	_____ ( )	_____ ( )	_____ ( )

CERTIFICATION

Certification: " hereby certify that the information contained in this application, including all attached reports, is true and correct to the best of my knowledge."

Senior Bank Officer

Signature: _____

Name: _____

Title: _____

Date: _____

Preparer

Signature: _____

Name: _____

Title: _____

Date: _____

Telephone #: _____

E-mail Address: _____

Sworn to and subscribed before me:

Notary Public _____

Notary Seal

Date Commission Expires _____

STATE OF TENNESSEE
BANK COLLATERAL POOL

INSTRUCTIONS FOR COMPLETING THE COLLATERAL POOL APPLICATION FORM

Please use the following instructions when completing the application form to insure that the correct information is being supplied. Should you have further questions concerning this application, please contact the Collateral Pool staff at (615) 532-1168. Written inquiries may be faxed to (615) 741-0755.

Please note that the application form **MUST** be completed correctly to be processed. Incomplete applications will be held until complete or returned if not completed. Thank you for your cooperation.

SCHEDULE A - GENERAL INFORMATION

1. **FDIC CERTIFICATE NUMBER** is the Federal Deposit Insurance Corporation's certificate number assigned to your institution.

2. **DATE SUBMITTED** is the date you return your application.

3. **ABA NUMBER** is your American Bankers Association transit routing number.

4. **STATE BANK NUMBER** is your three digit State Depository Number. If you are not a state depository, signify with an N/A in this space.

5. **TAX I.D. NUMBER -** Institution federal employment identification number.

6. **LEGAL NAME OF DEPOSITORY** is the full legal name under which your institution is chartered.

7. **ADDRESS OF PRINCIPAL OFFICES** is the primary business address for your bank and the address where collateral pool correspondence will be directed.

8. **DEPOSITORY CHARTER DATE** is the date of your charter.

9. **DATE OPERATIONS COMMENCED** is the date your institution began conducting business.

10. **DEPOSITORY'S THREE MOST SENIOR OFFICERS** is a listing of the three officers having senior responsibility for your institution. Please give full names, full titles, and e-mail addresses.

11. **PLEASE ATTACH A RESUME** is related to #10. Please include a resume or data sheet giving the experience and qualifications of the three officers listed in #10.

SCHEDULE B - PUBLIC DEPOSITS HELD

Please list all public deposits being held as of the end of the last month **PRIOR** to the date your application was submitted. This listing should include the name of the public depositor and the account number.

To calculate the total average daily balance of public deposits being held by your institution, use the following steps:

1. To calculate average daily balance, do the following steps:

   a. Average Daily Demand Deposit - The total dollars by account of all public funds held on a daily basis in demand deposit accounts during the calendar month immediately preceding the current month divided by the number of calendar days in the month. Record this amount (in thousands) on line 1a.

   b. Average Daily Time and Savings Deposit - Either the total dollars by account of all public funds held on a daily basis in time and savings deposit accounts during the calendar month immediately preceding the current month divided by the number of calendar days in the month; OR the higher of (1) the actual amount of public funds in time deposit accounts on the last day of the calendar month immediately preceding the current month; or (2) the sum of the amount of public funds in time deposit accounts on the last day of the two calendar months immediately preceding the current month divided by two. Record this amount (in thousands) on line 1b.

   After calculating these balances, list the totals under the column entitled "Average Daily Balance" in the appropriate space.

2. Determine the amount of applicable Federal Deposit Insurance for these deposits using the guidelines established by the FDIC. List these totals in the appropriate space in column 2.

3. Subtract the **Deposit Insurance** amount from the **Average Daily Balance** in column 1 in each category to obtain the insurance adjusted Average Daily Balance. List the total for each category under the Adjusted Totals column.

4. Add the **Adjusted Totals** in column 3 to determine the Total Average Daily Balance of public deposits held for the month reported.

5. To calculate the **Average Monthly Balance** of public deposits being held by your institution, use the following steps:

   Beginning with the month being reported on line a, list the month and year for each of the preceding 12 months in the appropriate spaces in the month/year column (lines a-l). The Total Average Daily Balance of public deposits held by the bank for each period being reported should be listed in the amount column. Total Average Daily Balance of public deposits held should include **ALL** demand, time, and savings accounts being held for public depositors, less the applicable federal deposit insurance. To determine these amounts, repeat steps 1-4 for each of the previous months and insert in the spaces provided in #5 b-l.

6. After listing the totals in step #5, sum the amount column to determine the total of all Average Daily Balances of public deposits held for the 12-month period listed. Write the total on line #6.

7. Divide the total of the monthly averages as determined in step #6 by 12 to calculate average monthly balance of public deposits held. Record the amount on line #7.

SCHEDULE C - TRUSTEE CUSTODIAN DECLARATIONS

Please list all the Trustee Custodian Banks your institution will use to safe keep collateral securities pledged to the State of Tennessee Collateral Pool. The full legal name of the institution, the primary person to contact, the phone number of the contact, and the primary business address should be given in the proper space provided.

IMPORTANT NOTICE: ALL TRUSTEE CUSTODIAN BANKS MUST BE APPROVED BY THE STATE TREASURER'S OFFICE.

SCHEDULE D - DEBT RATING INFORMATION

List in the spaces provided the debt ratings for your institution and your institution's holding company, where applicable. These ratings should be taken from two of the following recognized sources:

Moody's	Standard & Poor's
_____	_____

SCHEDULE E - FINANCIAL INFORMATION

Sheshunoff Rating: Please give the most recent rating your institution has received from Sheshunoff Information Services using the Presidents Weight by Peer Group rating. Where possible, this rating should be for the most recent quarter reported immediately preceding the date your application was submitted. Indicate in the space provided the quarter the rating was received.

For the eight quarters immediately preceding the date of application for admission to the pool, please list the requested information in the appropriate spaces. The quarter and year of the information being reported should be noted across the top of the table in the spaces provided. Care should be taken that the information given is under the proper quarter and year. The (MM/YY) is to be used to insert the month in the MM and year in the YY spaces. For example, March 1994 would be (03/94). The most recent quarter should be listed first with the preceding seven (7) quarters listed in chronological order.

The financial information supplied should be taken from your institution's Report of Condition (call report) as required by the FDIC. A chart has been provided to aid in giving the correct location of each requested piece of information. The chart gives the location of the information for each type of call report. Please verify the type of call report you use to determine that you are using the correct location.

Certification Section: Pursuant to Rule 1700-4-1-.03(1)D of the Collateral Pool, the application **MUST** be executed by both the president (or chief executive officer) and the person preparing the report. The signature, a printed or typed name, official title, telephone number, and the date executed should be completed as required. The executed document should then be notarized (the Notary seal must be affixed). An application will not be considered complete until this section has been properly completed.

Description	Amount (in thousands)		Location	Report #31	Report #32	Report #33	Report #34
1. Total Equity Capital	$ _____	Schedule Line # Page #	RI-A 14 RI-3	RI-A 13 RI-3	RI-A 13 RI-3	RI-A 13 RI-3	
2. Limited Life Preferred Stock	$ _____	Schedule Line # Page #	RC 22 RC-2	RC 22 RC-2	RC 22 RC-2	RC 22 RC-2	
3. Subordinated Notes & Debentures	$ _____	Schedule Line # Page #	RC 19 RC-2	RC 19 RC-2	RC 19 RC-2	RC 19 RC-2	
4. Total Assets	$ _____	Schedule Line # Page #	RC 12 RC-1	RC 12 RC-1	RC 12 RC-1	RC 12A RC-1	
5. Allowance for Loan Losses	$ _____	Schedule Line # Page #	RC 4B RC-1	RC 4B RC-1	RC 4B RC-1	RC 4B RC-1	
6. Loans Past Due 90 Days	$ _____	Schedule Line # Page #	RC-N 9B RC-18	RC-N 9B RC-17	RC-N 6B RC-16	RC-N 6B RC-15	
7. Total Non-Accrual Loans	$ _____	Schedule Line # Page #	RC-N 9C RC-18	RC-N 9C RC-17	RC-N 6C RC-16	RC-N 6C RC-15	
8. Other Real Estate Owned	$ _____	Schedule Line # Page #	RC 7 RC-1	RC 7 RC-1	RC 7 RC-1	RC 7 RC-1	
9. Net Income	$ _____	Schedule Line # Page #	RI 12 RI-3	RI 12 RI-2	RI 12 RI-2	RI 12 RI-2	
10. Average Assets	$ _____	Schedule Line # Page #	RC-K 9 RC-13	RC-K 9 RC-12	RC-K 9 RC-11	RC-K 9 RC-10	
11. Total Loans	$ _____	Schedule Line # Page #	RC 4D RC-1	RC 4D RC-1	RC 4D RC-1	RC 4D RC-1	
12. Regulatory (Tier 1) Capital	$ _____	Please calculate Tier 1 capital percentage for this quarter and give this percentage.					
13. Regulatory (Tier 2) Capital	$ _____	Please calculate Tier 2 capital percentage for this quarter and give this percentage.					

APPLICATION FOR ADMISSION TO THE COLLATERAL POOL CHECKLIST

FINANCIAL INSTITUTION NUMBER: _____

FINANCIAL INSTITUTION NAME: _____

CITY: _____

VERIFIED BY: _____ DATE: _____

GENERAL INFORMATION

- ❑ LEGAL NAME
- ❑ PRINCIPAL ADDRESS
- ❑ TRANSIT ROUTING NUMBER
- ❑ FDIC NUMBER
- ❑ TAX ID NUMBER
- ❑ DATE CHARTERED
- ❑ DATE BEGAN OPERATIONS
- ❑ SIGNED BY PRESIDENT / PREPARER

FINANCIAL INFORMATION

- ❑ PREVIOUS TWELVE (12) MONTHS' BALANCES
- ❑ PREVIOUS EIGHT (8) QUARTERS' CALL REPORT ITEMS
- ❑ BANK AND HOLDING COMPANY DEBT RATING

OTHER INFORMATION

- ❑ SENIOR OFFICERS' RESUMES
- ❑ LIST OF PUBLIC DEPOSITORS
- ❑ TRUSTEE DECLARATIONS
- ❑ LIABILITY AGREEMENT
- ❑ BOARD RESOLUTION
- ❑ MANAGEMENT CERTIFICATION
- ❑ CERTIFICATION BY INDEPENDENT AUDITORS